

**Supplemental Application Data Sheet****Application Information**

Application Number:: 10/520,133  
IA Filing Date:: July 10, 2003

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?: Paper  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title:: GENES ASSOCIATED WITH  
SCHIZOPHRENIA, ADHD AND BIPOLAR  
DISORDERS  
Attorney Docket Number:: BILBE1  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 0  
Small Entity?: No  
Latin Name::  
Variety Denomination Name::  
Petition Included:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	Graeme
Middle Name::	
Family Name::	BILBE
Name Suffix::	
City of Residence::	Neuchatel
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Chemin de Maujobia 37
City of Mailing Address::	Neuchatel
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-2000
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity
Given Name::	Anu
Middle Name::	
Family Name::	KINNUNEN
Name Suffix::	
City of Residence::	<del>Rheinfelden-Herten</del> <u>Freiburg i. Br.</u>
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	<del>Kirchstrasse 11</del> <u>Alemannenstr. 73</u>
City of Mailing Address::	<del>Rheinfelden-Herten</del> <u>Freiburg i. Br.</u>
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	<del>79618</del> <u>79117</u>
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	James

Middle Name:: Irvin  
Family Name:: KOENIG  
Name Suffix::  
City of Residence:: Crofton  
State or Province of Residence:: Maryland  
Country of Residence:: United States  
Street of Mailing Address:: 1406 Tuffed Moss Court  
City of Mailing Address:: Crofton  
State or Province of Mailing Address:: Maryland  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 21114

**Correspondence Information**

Correspondence Customer Number::

001444

**Representative Information**

Representative Customer Number::

001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP03/007491	07/10/03
PCT/EP03/007491	Appln claiming benefit of 35 USC 119(e)	60/395,088	07/11/02
PCT/EP03/007491	Appln claiming benefit of 35 USC 119(e)	60/472,489	05/22/03

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information**

Assignee Name:: University of Maryland  
Street of Mailing Address:: 520 West Lombard Street  
City of Mailing Address:: Baltimore  
State or Province of Mailing Address:: MD  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 21201

